



MONTANA STATE AUDITOR
JOHN MORRISON

COMMISSIONER OF INSURANCE
COMMISSIONER OF SECURITIES

840 Helena Ave. ♦ Helena, MT 59601 ♦ 800-332-6148

INSURED ASSOCIATION PLAN APPLICATION

Montana Small Business Health Care Affordability Act

Please complete and return to: Montana State Auditor's Office
840 Helena Avenue
Helena, MT 59601
Fax: 406-444-3497

Please note that in addition to completing this application form, you must also include the following attachments:

- The Association health plan's outline of coverage as required by 33-22-521, MCA, including but not limited to the following information: plan deductible(s), coinsurance(s), co-payments, member out of pocket maximum(s), up-front preventative benefits offered, lifetime maximum(s) of the policy, prescription drug coverage(s), dental coverage(s), vision coverage(s), and policy exclusions. If the insureds are offered a choice of cost-sharing options, please show all options available, as well as the percentage of insureds that choose those options.
- Schedule of rates, including the number of age-bands and health tiers used, as well as base rate(s) for the plan(s) and network(s) of coverage.
- Copies of policies and certificates offered.
- Health insurance application form as well as any follow-up materials, including health status questionnaires, associated with this form.
- Association or Organization mission statement and/or list of services and benefits aside from health insurance available to members.

Demographic Information (must be complete)

Association Name			
Contact Name and Title			
Address	City	State	Zip Code
Mailing Address if Different	City	State	Zip Code
Telephone	Fax	Email Address	State Tax ID
Please List Any Additional Company Names			

Please answer the following questions.

1. Who is the insurer(s) of the Association Health Plan? _____
2. Is the Association Health Plan fully insured? _____
3. Have your insurance policies been approved by the Department of Insurance as employer-sponsored group health plans? Please submit proof of form approval, or a policy form number for verification purposes?
4. Is the Association a Bona Fide Association as defined in MCA 33-22-1803? _____
 - (a) Has been actively in existence for at least 5 years;
 - (b) Was formed and has been maintained in good faith for purposes other than obtaining insurance;
 - (c) Does not condition membership in the association on a health status-related factor relating to an individual, including an employee of an employer or a dependent of an employee;
 - (d) Makes health insurance coverage offered through the association available to a member regardless of a health status-related factor relating to the member or an individual eligible for coverage through a member; and
 - (e) Does not make health insurance coverage offered through the association available other than in connection with a member of the association.

5. Is the Association a Non-Bona Fide Association as defined in ARM 6.6.5060? _____:

A “non-bona fide association” means an association which meets the requirements listed in 33-22-1803(7), MCA, except:

- (a) The association must have been actively in existence for at least 2 years

Approximately how long until the Association becomes Bona Fide?

6. What are the employer contribution requirements for the plan(s)? _____

7. What are the employee participation requirements of the plan(s)?

8. Within the Association policy, are the employers or employees offered a choice of plans? If so, please describe.

9. Do rates within an individual small group vary based on the age of the participants? _____

10. Are you in compliance with Montana Code Annotated 33-22-1809? _____

Please attach a copy of your last actuarial certification as required by 33-22-1809(5)